



## PROFESSIONAL SKILLS INVENTORY (MH)

Please provide an “X” under the number that best represents your proficiency in each skill or patient care situation.

Levels of Proficiency (scale):

1. unfamiliar
2. able to perform but require assistance/supervision
3. able to perform independently/without supervision
4. proficient and can assist others

**Please Note:** This form is interactive. You can type your answers in the fields below. However, you must sign your name at the bottom of the last page. Please fax completed forms to: 204-885-9002

PROCEDURE	1	2	3	4	COMMENTS
Clinical direction and front line service					
Case management					
Charting and documentation of client history and progress					
Community and patient advocacy					
Consultation with community doctors and psychiatrists					
Completing home visits					
Metabolic monitoring of clients, treatment, follow-up and aftercare					
Developing, monitoring and implementing individual, holistic treatment plan with clients					
Knowledge of most current Diagnostic and Statistical Manual of Mental Disorders (DSM)					
Knowledge and use of current best practices & resources for:					
Trauma/PTSD					
Addictions					
Concurrent Disorders					
Performing duties with minimal supervision					
Experience working in a cross cultural setting					
Knowledge of Inuit customs and cultural sensitivity					
Proficient in delivering a strength-based, client-centered approach that includes:					
Comprehensive assessments					
Referral process					
Client service plans					
Knowledge of and working with the following systems:					
Justice System					
Social Services					
Child welfare systems					

<b>PROCEDURE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>COMMENTS</b>
Management of clients under Act of Legislation:					
Mental Health Act					
Child Family Service Act					
Public Health Act					
Guardianship/ Trustee Act					
Critical incident stress management					
Using psychosocial rehabilitation model of care (PSR)					
Identification of persons at risk of harm to self and /or others					
Crisis intervention and debriefing					
Debriefing, counselling, group facilitation, life skills training					
Cognitive Behavioral Therapy - informed counselling					
Coaching and /or identifying priorities for other team members concerning life skills to promote independent living					
Educating clients regarding activities of daily living					
Providing education and support to families and community members who are supporting clients with mental illness					
Non-emergency and emergency mental health treatment services					
Leading collaboration amongst internal and external teams:					
Mental Health & Addictions team					
Other health professionals					
Community Organizations					
Clients					
Families					
Discharging and community planning					
Preparing reports					

<b>ASSESSMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>COMMENTS</b>
Admission					
Initial nursing assessment:					
Adult					
Adolescent					
Child					
Nursing reassessment and care planning update					
Diagnosis of Mental health problems/illnesses:					
Addictions					
Concurrent Disorders					
Suicide					
Family Violence					
Alcohol Dependency					
Drug Dependency					

<b>ASSESSMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>COMMENTS</b>
Extrapyramidal Side Effects and other adverse effects:					
Dystonia					
Neuroleptic Malignant Syndrome					
Serotonin Syndrome					
<b>MEDICATIONS</b>					
Administering pharmaceuticals in accordance with established regulations, policies, practices, and safety procedures					
Medication monitoring					
Medication management					

**CERTIFICATIONS**

<b>Type</b>	<b>Expiry Date</b>	<b>Brief Additional Comments</b>
CPR		
Other:		

**NURSING EXPERIENCE**

<b>Type</b>	<b>Length of Experience (years)</b>	<b>Brief Additional Comments</b>
Rural / Remote		
Mood Disorders		
Suicide		
Sexual and/or Physical Abuse		
Substance Abuse		
Depression		
Case Management		
Crisis Intervention		
Administering narcotics		
Charge nurse		
Other:		

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)